

HEALTH	
<input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental Health Diagnosis <input type="checkbox"/> Current / Prior Rx <input type="checkbox"/> Prior Hospitalization Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Requesting Treatment	Notes:

SUBSTANCE USE	
<input type="checkbox"/> Current User <input type="checkbox"/> Prior User <input type="checkbox"/> Prior Treatment <input type="checkbox"/> Detox <input type="checkbox"/> Inpatient <input type="checkbox"/> Residential/ Sober Living <input type="checkbox"/> Outpatient <input type="checkbox"/> NA/AA <input type="checkbox"/> Currently in Treatment <input type="checkbox"/> Interested in Treatment	Notes:

BENEFITS	
<input type="checkbox"/> Disability/ SSI <input type="checkbox"/> Disability/ SSDI <input type="checkbox"/> VA <input type="checkbox"/> SNAP <input type="checkbox"/> Child Support	Notes:

COURT CONTACT	
<p>Current Criminal</p> <input type="checkbox"/> Pending Separate Charges <input type="checkbox"/> Current Supervision	Notes:
<p>Prior Criminal</p> <input type="checkbox"/> Juvenile / DJJ <input type="checkbox"/> Prior Probation / Parole <input type="checkbox"/> Prison / SCDC	
<p>Family Court</p> <input type="checkbox"/> Child Support <input type="checkbox"/> Order of Protection <input type="checkbox"/> Custody / Visitation <input type="checkbox"/> DSS Abuse / Neglect	
<p>Probate Court</p> <input type="checkbox"/> Involuntary MI <input type="checkbox"/> Involuntary CD <input type="checkbox"/> Prior Forensic Evaluation	

SERVICE PROVIDERS	
<input type="checkbox"/> Currently Receiving Services <input type="checkbox"/> Previously Received Services <i>List all current and prior organizations and case managers</i> <input type="checkbox"/> Never Received Services	Notes:

